4			A TOTAL	CASA .		C-1.00	6° • A		1	A
п	•	~1	2	linn	1 7 F.		U	10.	11100	1200
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## PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000

CLAIMS AS FILED - PART (			4 24			SMALL ENTITY			OTHER THAN OR SMALL ENTITY			
TOTAL CLAIMS			(Column 1)		(Colu	(Column 2)		TYPE		OR	a transfer of the said	
			48					RATE	FEE	. E.	RATE	* FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			49 minus 20= *		. 20	. 29		X\$ 9=		OR	X\$18=	522
IND	EPENDENT CL	AIMS	5 minus 3 = *		2			X40=		OR	X80=	160
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT	ESENT			• •	+135=		OR	+270=	270
* If	th difference	in column 1 is	less than ze	ro, ente	r "0" in c	olumn 2		TOTAL		OR	TOTAL	1662
	CI	- PAR	ART II						OTHER	THAN		
		(Column 1)		(Column 2) (Column 3)			SMALL ENTITY			OR SMALL ENTITY		
ENT A		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total :		Minus			=		X\$ 9=		OR	X\$18=	
AME	independent	NITATION OF M	Minus	***	T CI AILA	= -		X40=		OR	X80=	
	FIHO KEHESE	NTATION OF MI	JLIIPLE DEF	ENDEN	CLAIM			+135=	. : :	OR	+270=	
								TOTAL ADDIT, FEE	./	OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)			2°	• .		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***		=		X40=	_	OR	X80=	
Ľ,	FIRST PRESE	NTATION OF ME	JLTIPLE DEF	ENDEN	CLAIM			+135=		OR	+270=	·
							TOTAL			TOTAL		
								ADDIT. FEE		UM	ADDIT. FEE	ł
		(Column 1) CLAIMS		(Colu	mn 2) ÆST	(Column 3)	, 			1 1		
AMENDMENT C		REMAINING AFTER AMENDMENT		NUN PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AME	Independent	*	Minus	***	T CL AIRA	]=	4	X40=		OR	X80=	
	FINOI PHESE	NTATION OF M	ULTIPLE DEF	LINDEN	LLAIM		J	+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."											TOTAL	
***	If the "Highest Nu	mber Previously Pa Imber Previously Pa Inber Previously Pa	aid For" IN THI	S SPACE	is less tha	in 3, enter "3."		ADDIT. FEE	propriate box		ADDIT. FEE	